CLAIMS ONLY

Application Number	Filing Date
10/730116	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
~~1~~							51					
~~2~~							52					
3		1					53					
4	1						54					
~~5~~							55					
6		1					56					
~~7~~							57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13	1						63					
14		1					64					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	10						Total Depend					
Total Claims	12						Total Claims					